



Docket No. 2251/75990-A-PCT-US/IPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): PAUL SIMMONS ET AL.

Serial No. : 10/030,411 Examiner: M. BELYAVSKYI

Filed : APRIL 11, 2002 Group Art Unit: 1644

For : MESENCHYMAL PRECURSOR CELLS

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: APRIL 10, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required. (Apart from \$395.00 fee for the accompanying RCE)

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	<b>25</b>	* <b>60</b> =	*** <b>0</b> X	\$25	\$50	=	<b>0</b>
Independent Claims	<b>1</b>	** <b>5</b> =	*** <b>0</b> X	\$100	\$200	=	<b>0</b>
Multiple Dependent Claim(s) Presented For First Time	Yes <input checked="" type="checkbox"/> No			\$180	\$360	=	<b>0</b>
				TOTAL ADDITIONAL FEE \$ <b>0</b>			

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
 \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
 \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
 \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter  
 Return Receipt Postcard  
 An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes \_\_\_\_\_ No \_\_\_\_\_  
and a fee of \$ \_\_\_\_\_ included)  
 A Petition for an Extension of Time, including a fee of  
\$ \_\_\_\_\_ for a Petition for \_\_\_\_ Month(s) Extension of Time  
 Other (identify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE TOTAL FEE DUE IS \$ 0.

- A check in the amount of \$ 0 is enclosed.  
 Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.  
 The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:  
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims  
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

*John P. White* *4/10/06*

John P. White	Date
Reg. No. 28,678	